

=> s (IL-1ra or interleukin-1 receptor antagonist#)

L1 5227 (IL-1RA OR INTERLEUKIN-1 RECEPTOR ANTAGONIST#)

=> s (IL-1ra-R or interleukin-1 receptor antagonist related)

L2 14 (IL-1RA-R OR INTERLEUKIN-1 RECEPTOR ANTAGONIST RELATED)

=> d 12 1-12 bib ab

L2 ANSWER 1 OF 14 MEDLINE

AN 2001138840 MEDLINE

DN 21030891 PubMed ID: 11192058

TI Physical activity and plasma interleukin-6 in humans--effect of intensity of exercise.

AU Ostrowski K, Schjerling P, Pedersen B K

CS The Copenhagen Muscle Research Centre, Rigshospitalet Afs 7652, Denmark.

SO Eur J Appl Physiol. (2000 Dec) 83 (6) 512-5

Journal code: 100954790 ISSN: 1439-6319

CY Germany; Germany, Federal Republic of

DT Journal; Article; (JOURNAL ARTICLE)

LA English

FS Priority Journals

EM 200103

ED Entered STN: 20010404

Last Updated on STN: 20010404

Entered Medline: 20010308

AB The present study included data from three marathon races to investigate the hypothesis that a relationship exists between running intensity and

elevated concentrations of interleukin (IL)-6 in plasma. The study included a total of 53 subjects whose mean age was 30.6 [95% confidence interval (CI) 1.4] years, mean body mass 77.7 (95% CI 2.0) kg, mean

maximal oxygen uptake (VO2max) 59.3 (95% CI 1.4) ml x min(-1) x kg(-1), and who had participated in the Copenhagen Marathons of 1996, 1997 or

1998, achieving a mean running time of 206 (95% CI 7) min.

Running intensity was calculated as running speed divided by VO2 max. The concentration of IL-6 in plasma peaked immediately after the run. There

was a negative correlation between peak IL-6 concentration and running time ( $r = -0.30$ ,  $P < 0.05$ ) and a positive correlation between peak IL-6 concentration and running intensity ( $r = 0.32$ ,  $P < 0.05$ ). The IL-1 receptor

antagonist (IL-1ra) plasma concentration peaked 1.5 h after the run and there was a positive correlation between the peak plasma concentrations of

IL-6 and \*\*\*IL \*\*\* - \*\*\*1ra\*\*\* (\*\*\*r\*\*\* = 0.39,  $P < 0.01$ )

Creatine kinase (CK) plasma concentration peaked on the 1st day after the run, but

plasma IL-6 concentration and running intensity, but did not confirm the

previous finding of a connection between IL-6 plasma concentration and muscle damage.

L2 ANSWER 2 OF 14 MEDLINE

AN 97225342 MEDLINE

DN 97225342 PubMed ID: 9071715

TI Lipopolysaccharide-binding protein and

bactericidal/permeability-

increasing factor during hemodialysis: clinical determinants and role of

different membranes

AU Sundaram S, King A J, Pereira B J

CS Division of Nephrology, New England Medical Center, Boston, Massachusetts

02111, USA.

NC DK 45609 (NIDDK)

SO JOURNAL OF THE AMERICAN SOCIETY OF

NEPHROLOGY. (1997 Mar) 8 (3) 463-70

Journal code: 9013836 ISSN: 1046-6673.

CY United States

DT Journal; Article; (JOURNAL ARTICLE)

LA English

FS Priority Journals

EM 199706

ED Entered STN: 19970620

Last Updated on STN: 19970620

Entered Medline: 19970611

AB The host response to the presence of lipopolysaccharide (LPS) is complex

and varied. Two closely related endogenous serum proteins,

LPS-binding

protein (LBP) and bactericidal/permeability-increasing factor

(BPI),

regulate delivery of LPS to CD14 antigen on effector cell surfaces and

modulate the host response to LPS. In the study presented here,

plasma

levels of LBP and BPI were measured, predialysis, 15 min into

dialysis and

postdialysis in patients dialyzed with cellulose,

cellulose-tri-acetate

(CTA), and polysulfone dialyzers. Further, the association

between LBP

levels and BPI release during hemodialysis and clinical and

laboratory

characteristics of patients, complement activation represented by

plasma

C3a levels, and monocyte cytokine production represented by

interleukin-1

receptor antagonist (IL-1Ra) synthesis was also studied.

Predialysis

plasma levels of LBP were 14,459 +/- 544, 13,889 +/- 1362 and

12,622 +/-

6305 ng/ml, respectively, with cellulose, CTA, and polysulfone

dialyzers.

and postdialysis levels were 17,834 +/- 861, 20,979 +/- 8485 and

18,177

+/- 1656 ng/ml, respectively. Postdialysis plasma levels of LBP

were

consistently higher than predialysis levels with all three dialyzers

( $P <$

0.05). However, plasma LBP levels were not significantly

different between

cellulose, cellulose-tri-acetate, and polysulfone dialyzers.

dialysis with CTA (10.91  $\pm$  3.65 ng/ml.) and polysulfone (10.73  $\pm$  2.24 ng/ml.) dialyzers were significantly greater ( $P < 0.05$ ) than that observed with cellulose (5.49  $\pm$  0.66 ng/ml.). Similarly, postdialysis levels with CTA and polysulfone were significantly greater ( $P < 0.05$ ) than that observed with cellulose dialyzers. The percentage change in BPI levels between predialysis and 15 min was 1341  $\pm$  243%, 2935  $\pm$  1033%, and 3790  $\pm$  1151% for cellulose, CTA, and polysulfone dialyzers, respectively. The changes in BPI levels from predialysis to 15 min and between pre- and postdialysis samples were statistically significant for all three dialyzers ( $P < 0.05$ ). Postdialysis LBP:BPI ratios were 50  $\pm$  6%, 18  $\pm$  4%, and 22  $\pm$  6% of predialysis ratios for cellulose, CTA, and polysulfone dialyzers, respectively. These changes were statistically significant ( $P < 0.05$ ) for all three dialyzers. There was no significant correlation between baseline clinical or laboratory characteristics and predialysis LBP levels. Similarly, the correlation between BPI levels at 15 min of dialysis with the clinical and laboratory characteristics was also poor, with the exception of serum albumin ( $r = 0.43$ ,  $P = 0.008$ ). The correlation between BPI levels at 15 min of dialysis with plasma LBP levels ( $r = -0.29$ ;  $P = 0.08$ ), plasma C3a levels ( $r = -0.1$ ;  $P = 0.55$ ), peripheral blood mononuclear cells (PBMC) content of \*\*\*IL\*\*\* - \*\*\*1Ra\*\*\* (\*\*\*r\*\*\* = 0.01;  $P = 0.94$ ), and IL-1Ra production by unstimulated ( $r = 0.13$ ;  $P = 0.45$ ), and endotoxin-stimulated PBMC ( $r = 0.32$ ;  $P = 0.06$ ) was not statistically significant. The results of this study demonstrate that dialysis with cellulose, CTA, and polysulfone dialyzers results in a significant increase in LBP and BPI levels. BPI release is probably mediated by non-complement factors and may be related to the nutritional status of the patient. The release of BPI during HD and consequent lowering of the LBP:BPI ratio could potentially afford some protection against endotoxin in the dialysate.

L2 ANSWER 3 OF 14 MEDLINE

AN 96416422 MEDLINE

DN 96416422 PubMed ID: 8928570

TI [Practical significance of cytokine determination in joint fluid in patients with arthroses or rheumatoid arthritis]

Praktische Bedeutung der Zytokinbestimmung im Gelenkpunktat von Patienten

mit Arthrosen oder rheumatischen Arthritiden

AU Neidel J, Schulze M, Sova F, Fmdschau J

CS Abt. für Orthopädie, Rheumaklinik Bad Bramstedt,

Medizinische Hochschule

Journal code: 1256465, ISSN: 0044-3220

CY GERMANY: Germany, Federal Republic of

DI Journal; Article; (JOURNAL ARTICLE)

LA German

FS Priority Journals

EM 199611

ED Entered STN: 19961219

Last Updated on STN: 20000303

Entered Medline: 19961114

AB OBJECTIVE: To determine whether the activity of cartilage-degrading enzymes in the synovial fluid (SF) of patients with rheumatoid arthritis and other joint diseases is correlated with the concentration of cytokines in the SF. METHODS: Cytokines and cartilage-degrading enzymes were determined in the SF of 97 patients with various disorders involving the knee joints (rheumatoid arthritis (RA) n 44, osteoarthritis (OA) n 35, meniscal trauma (Men) n 10, reactive arthritides (ReA) n 8). In these samples we measured the concentrations of interleukin-1 alpha and beta, IL-1-receptor antagonist (IL-1ra), IL-6, IL-8, tumor necrosis factor alpha (TNF alpha; all by ELISA), collagenase-activity and caseinase-activity (by substrate assays). RESULTS: With the exception of IL-1 alpha and IL-6, cytokine-concentrations were significantly higher in RA than in OA. SF-samples ( $p < 0.05$ ; ANOVA on ranks). IL-1ra, IL-6, and IL-1 beta were correlated best with the collagenase-activity in the SF ( $r = 0.63$ , 0.57, 0.55; Spearman's rank correlation), while IL-1 beta ( $r = 0.53$ ) and \*\*\*IL\*\*\* - \*\*\*1ra\*\*\* (\*\*\*r\*\*\* = 0.52) were best correlated with the caseinase-activity in the samples. The SF-concentration of IL-1ra was well correlated with the levels of IL-6, IL-1 beta, IL-8, and TNF alpha ( $r$  from 0.73 to 0.66; all  $p < 0.005$ ), but not with IL-1 alpha. The molar ratio of IL-1 to IL-1ra in the SF was neither correlated with the activity of collagenase nor caseinase. IL-1 beta and IL-1ra in the SF were positively correlated with the erythrocyte sedimentation rate (ESR). CONCLUSIONS: The determination of IL-1 beta and IL-1ra in the SF of patients with joint disorders as examined in this study seems to allow to a certain extent a prediction of the collagenase- and caseinase-activity contained in the diseased joint. We would favor

L2 ANSWER 4 OF 14 MEDLINE

AN 96188960 MEDLINE

DN 96188960 PubMed ID: 8608647

TI Significance of IL-1beta and IL-1 receptor antagonist (IL-1Ra) in

bronchoalveolar lavage fluid (BALF) in patients with diffuse alveolar damage (DAD)

CS Second Department of Internal Medicine, Nagasaki University School of

Medicine, Japan

SO CLINICAL AND EXPERIMENTAL IMMUNOLOGY, (1996 Mar) 103 (3) 461-6.

Journal code: 0057202 ISSN: 0009-9104

CY ENGLAND, United Kingdom

DT Journal, Article, (JOURNAL ARTICLE)

LA English

ES Priority Journals

EM 199605

ED Entered STN: 19960605

Last Updated on STN: 19960605

Entered Medline: 19960528

AB We evaluated the effect of erythromycin therapy on pulmonary function

tests and the airway inflammatory response of patients with DPB.

The

number of neutrophils in BALF obtained from DPB patients was significantly

higher than that of healthy volunteers. Treatment with

erythromycin (600

mg/day for 12.9 +/- 9.5 months (mean +/- s.d.) significantly

reduced the

total number of cells and neutrophils in the airway, and

significantly

improved pulmonary function tests. The levels of IL-1beta and

IL-8 were

significantly higher in DPB compared with healthy volunteers

( $P < 0.05$ ,

$P < 0.05$ , respectively). IL-1Ra in patients is considered to have a

weak

inhibitory activity for IL-1beta, with approximately five-fold

concentration of IL-1beta compared with that in healthy

volunteers

(approx. nine-fold concentration of IL-1beta). Erythromycin

therapy

significantly reduced these cytokines to levels comparable to those

of

healthy volunteers, and produced a trend toward reduction in the

level of

IL-1Ra in BALF. The level of IL-1beta correlated significantly

with the

concentration of neutrophils in BALF ( $r = 0.72$ ,  $P < 0.01$ ), as well as

with the

level of \*\*\*IL\*\*\* - \*\*\*1Ra\*\*\* (\*\*\*r\*\*\* = 0.688,  $P < 0.05$ )

and IL-8

( $r = 0.653$ ,  $P < 0.05$ ). A nearly significant or significant correlation

was

observed between the concentration of neutrophils and levels of

IL-1Ra or

IL-8 in BALF ( $r = 0.526$ ,  $P = 0.053$  or  $r = 0.776$ ,  $P < 0.01$ ,

respectively). There

was also a significant relationship between FFV(1) and the

concentration

of neutrophils in BALF ( $r = 0.524$ ,  $P = 0.05$ ). Our results suggest

that the

relative amounts of IL-1beta and IL-1Ra or IL-8 may contribute,

at least

in part, to the neutrophil-mediated chronic airway inflammation in

patients with chronic airway disease, and long-term erythromycin

therapy

may down-regulate the vigorous cycle between the cytokine

network and

neutrophil accumulation, with resultant reduction of

neutrophil-mediated

inflammatory response

TI Soluble cytokine receptors and the low 3,5,3'-triiodothyronine syndrome in

patients with nonthyroidal disease

AU Boelen A, Platvoet-Ter Schiphorst M C, Wiersinga W M

CS Department of Endocrinology, University of Amsterdam, The Netherlands.

SO JOURNAL OF CLINICAL ENDOCRINOLOGY AND

METABOLISM, (1995 Mar) 80 (3) 971-6.

Journal code: 0375362 ISSN: 0021-972X.

CY United States

DT Journal, Article, (JOURNAL ARTICLE)

LA English

ES Abridged Index Medicus Journals; Priority Journals

EM 199504

ED Entered STN: 19950425

Last Updated on STN: 19950425

Entered Medline: 19950411

AB Cytokines have been implicated in the pathogenesis of the low T3 syndrome

during illness. This is supported by our recent observation of a

strong

negative relationship between serum T3 and serum interleukin-6

(IL-6) in

nonthyroidal illness (NTI). In the last few years, soluble cytokine

receptors and cytokine receptor antagonists have been discovered

in human

serum. These proteins have the potential to further regulate

cytokine

activity. Therefore, we now studied the association between serum

T3 and

serum levels of soluble tumor necrosis factor-alpha (sTNF alpha

R p55 and

sTNF alpha R p75), soluble interleukin-2 receptor (sIL-2R), and

the

interleukin-1 receptor antagonist (IL-1RA) in 100 consecutive

hospital

admissions with a wide variety of nonthyroidal diseases. Patients

were

divided into group A (T3,  $\geq$  or = 1.30 nmol/L; T4,  $\geq$  or = 75

nmol/L; n =

41), group B (T3,  $<$  1.30 nmol/L; T4,  $\geq$  or = 75 nmol/L; n = 46),

and group

C (T3,  $<$  1.30 nmol/L; T4,  $<$  75 nmol/L; n = 13). Serum sTNF

alpha R p55,

sTNF alpha R p75, sIL-2R, and IL-1RA were lower in group A

than in groups

B and C [median values; sTNF alpha R p55, 1.25, 2.25, and 3.55

ng/ml, ( $P <$

0.001); sTNF alpha R p75, 2.02, 4.56, and 7.00 ng/ml ( $P <$

0.001); sIL-2R,

184, 259, and 272 U/ml, ( $P = 0.0004$ ), respectively]. Serum

IL-1RA levels

were not different in the three groups (median values, 122, 193,

and 258

pg/ml, respectively). Taking all patients together, a significant

negative

relation was found among serum T3 and sTNF alpha p55 ( $r$

$-0.59$ ,  $P <$

0.0001), sTNF alpha R p75 ( $r = -0.55$ ,  $P < 0.0001$ ), sIL-2R ( $r$

$-0.54$ ,  $P <$

0.0001), \*\*\*IL\*\*\* - \*\*\*1RA\*\*\* (\*\*\*r\*\*\* =  $-0.38$ ,  $P <$

0.001), and

IL-6 ( $r = -0.56$ ,  $P < 0.0001$ ). A remarkable high correlation ( $r$

$-0.70$ ,  $P$

$< 0.0001$ ) was found between serum T3 and a newly designed

total score

based on the combination of serum T3, sTNF alpha p55, sTNF

invention also provides selective binding agents, vectors, host

diagnosis, treatment, amelioration, and/or prevention of diseases, disorders, and conditions associated with \*\*\*[I.\*\*\* - \*\*\*[ra\*\*\* - \*\*\*R\*\*\* polypeptides

RE CNT 6 THERE ARE 6 CITED REFERENCES AVAILABLE FOR THIS RECORD

ALL CITATIONS AVAILABLE IN THE RE FORMAT

L2 ANSWER 8 OF 14 CAPLUS COPYRIGHT 2002 ACS

AN 1996 259086 CAPLUS

DN 124 331889

T1 Significance of IL-1 beta and IL-1 receptor antagonist (IL-1Ra) in

bronchoalveolar lavage fluid (BALF) in patients with diffuse panbronchiolitis (DPB)

AU Kadota, J.; Matsubara, Y.; Ishimatsu, Y.; Ashida, M.; Abe, K.; Shirai, R.;

Iida, K.; Kawakami, K.; Taniguchi, H., et al.

CS School Medicine, Nagasaki University, Nagasaki, 852, Japan

SO Clin. Exp. Immunol. (1996), 103(3), 461-6

CODEN CEXIAL; ISSN: 0009-9104

DT Journal

LA English

AB We evaluated the effect of erythromycin therapy on pulmonary function

tests and the airway inflammatory response of patients with DPB. The no.

of neutrophils in BALF obtained from DPB patients was significantly higher

than that of healthy volunteers. Treatment with erythromycin (600 mg/day

for 12, sum 9, +/- 9, sum 5 mo (mean +/- s.d.)) significantly reduced the

total no. of cells and neutrophils in the airway, and significantly improved pulmonary function tests. The levels of IL-1 beta and

IL-8 were significantly higher in DPB compared with healthy volunteers ( $P$

< 0.05,  $P$  < 0.05, resp.). IL-1Ra in patients is considered to have

a weak inhibitory activity for IL-1 beta, with approx. five-fold concn.

of IL-1 beta compared with that in healthy volunteers (approx. nine-fold

concn. of IL-1 beta). Erythromycin therapy significantly reduced these

cytokines to levels comparable to those of healthy volunteers, and produced a trend toward redn. in the level of IL-1Ra in BALF

The level of IL-1 beta correlated significantly with the concn. of neutrophils in

BALF ( $r = 0.72$ ,  $P < 0.01$ ), as well as with the level of \*\*\*[I.\*\*\* -

\*\*\*[ra\*\*\* (\*\*\*r\*\*\* = 0.688,  $P < 0.05$ ) and IL-8 ( $r = 0.653$ ,  $P <$

0.05). A nearly significant or significant correlation was observed

between the concn. of neutrophils and levels of IL-1Ra or IL-8 in BALF ( $r$

0.526,  $P = 0.053$  or  $r = 0.776$ ,  $P < 0.01$ , resp.). There was also a

significant relation between FEV1 and the concn. of neutrophils in BALF ( $r$

0.524,  $P < 0.05$ ). Our results suggest that the relative amts. of IL-1 beta

and IL-1Ra or IL-8 may contribute, at least in part, to the neutrophil-mediated chronic airway inflammation in patients with

with resultant redn. of neutrophil-mediated inflammatory response.

L2 ANSWER 9 OF 14 CAPLUS COPYRIGHT 2002 ACS

AN 1995 437486 CAPLUS

T1 Soluble cytokine receptors and the low 3,5,3'-triiodothyronine syndrome in

patients with nonthyroidal disease

AU Boelen, A.; Schiphorst, M. C.; Platvoet-ter, Wiersinga, W. M.

CS Department of Endocrinology, Univ. of Amsterdam,

Amsterdam, Neth

SO J. Clin. Endocrinol. Metab. (1995), 80(3), 971-6

CODEN JCEMAZ; ISSN: 0021-972X

DT Journal

LA English

AB Cytokines have been implicated in the pathogenesis of the low T3 syndrome

during illness. This is supported by our recent observation of a strong

neg. relationship between serum Tc and serum interleukin-6 (IL-6) in

nonthyroidal illness (NTI). In the last few years, sol. cytokine receptors and cytokine receptor antagonists have been discovered in human

serum. These proteins have the potential to further regulate cytokine

activity. Therefore, we now studied the assocn. between serum T3 and

serum levels of sol. tumor necrosis factor- alpha receptors (sTNF alpha R

p55 and sTNF alpha R p75), soluble interleukin-2 receptor (sIL-2R), and

the interleukin-1 receptor antagonist (IL-1Ra) in 100 consecutive hospital

admissions with a wide variety of nonthyroidal diseases. Patients were

divided into group A (T3, > 1.30 nmol/L; T4, > 75 nmol/L; n =

41), group B (T3, < 1.30 nmol/L; T4, > 75 nmol/L; n = 46), and group

C (T3, < 1.30 nmol/L; T4, < 75 nmol/L; n = 13). Serum

sTNF alpha R p55,

sTNF alpha R p75, sIL-2R, and IL-1Ra were lower in group A than in groups

B and C [median values: sTNF alpha R p55, 1.26, 2.25, and 3.55 ng/mL ( $P$  <

0.001); sTNF alpha R p75, 2.02, 4.56, and 7.00 ng/mL ( $P$  <

0.001); sIL-2R, 184, 259, and 272 U/mL ( $P = 0.0004$ , resp.)]. Serum IL-1Ra

levels were not different in the three groups (median values, 122, 193, and 258

pg/mL, resp.). Taking all patients together, a significant neg. relation was

found among serum T3 and sTNF alpha p55 ( $r = -0.59$ ,  $P < 0.0001$ ),

sTNF alpha R p75 ( $r = -0.55$ ,  $P < 0.0001$ ), sIL-2R ( $r = -0.54$ ,  $P < 0.0001$ ),

\*\*\*[I.\*\*\* - \*\*\*[ra\*\*\* (\*\*\*r\*\*\* = -0.38;  $P < 0.001$ ), and IL-6 ( $r =$

-0.56,  $P < 0.0001$ ). A remarkable high correlation ( $r = -0.70$ ,  $P < 0.0001$ )

was found between serum T3 and a newly designed total score based on the

summation of serum levels of IL-6 and the four sol. cytokine receptor

proteins. IL-6 and the four cytokine receptor proteins were all

The variability in serum T3 was accounted for 35% by changes in ln (sTNF alpha R p75) and 14% by changes in ln (IL-6). In conclusion, 1) serum T3 is neg. related to serum sTNF alpha R p55, sTNF alpha R p75, sIL-2R, IL-1RA, and IL-6 in patients; and 2) sTNF alpha R p75 and IL-6 are independent determinants of serum T3 in NTI, accounting for 35% and 14%, resp., of the variability in T3. The results suggest that the sick euthyroid syndrome is part of the acute phase response during illness generated by activation of the cytokine network.

I.2 ANSWER 10 OF 14 USPATEFULL

AN 2002.5759 USPATEFULL

TI Interleukin-1 receptor antagonist and recombinant production thereof

IN Ford, John, San Mateo, CA, United States

Pace, Ann, Scotts Valley, CA, United States

PA Hyseq, Inc., Sunnyvale, CA, United States (U.S. corporation)

PI US 6337072 B1 20020108

AI US 1999-348942 19990707 (9)

RII Continuation-in-part of Ser. No. US 1999-287210, filed on 5 Apr 1999,

now abandoned Continuation-in-part of Ser. No. US 1999-251370, filed on

17 Feb 1999, now abandoned Continuation-in-part of Ser. No. US

1999-229591, filed on 13 Jan 1999, now abandoned

Continuation-in-part of

Ser. No. US 1998-127698, filed on 31 Jul 1998, now abandoned

Continuation of Ser. No. US 1998-99818, filed on 19 Jun 1998, now

abandoned Continuation of Ser. No. US 1998-82364, filed on 20 May 1998,

now abandoned Continuation-in-part of Ser. No. US 1998-79909, filed on

15 May 1998, now abandoned Continuation-in-part of Ser. No. US

1998-55010, filed on 3 Apr 1998, now abandoned

PRAI WO 1999-US4291 19990405

DI Utility

FS GRANTED

EXNAM Primary Examiner: Spector, Lorraine

IREP Marshall, O'Toole, Gerstein, Murray & Borun

CLMN Number of Claims: 37

ECL Exemplary Claim: 1,15

DRWN 4 Drawing Figure(s); 4 Drawing Page(s)

LN CNT 5025

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

AB The present invention provides novel nucleic acids, the novel polypeptide sequences encoded by these nucleic acids and uses thereof

These novel polynucleotide and polypeptide sequences were determined to

be a novel Interleukin-1 Receptor Antagonist

I.2 ANSWER 11 OF 14 USPATEFULL

AN 2001.163320 USPATEFULL

TI Anti-interleukin-1 receptor antagonist antibodies and uses thereof

IN Ford, John, San Mateo, CA, United States

Pace, Ann, Scotts Valley, CA, United States

PA Hyseq, Inc., Sunnyvale, CA, United States (U.S. corporation)

PI US 6337072 B1 20020108

now

abandoned Continuation-in-part of Ser. No. US 1999-251370, filed on 17

Feb 1999, now abandoned Continuation-in-part of Ser. No. US 1998-127698

filed on 31 Jul 1998, now abandoned Continuation-in-part of Ser. No. US

1999-229591, filed on 13 Jan 1999, now abandoned Continuation of Ser

No. US 1998-99818, filed on 19 Jun 1998, now abandoned, said Ser. No.

US 127698 Continuation-in-part of Ser. No. US 1998-82364, filed on 20

May 1998, now abandoned, said Ser. No. US 99818 Continuation-in-part of

Ser. No. US 1998-82364, filed on 20 May 1998, now abandoned

Continuation-in-part of Ser. No. US 1998-79909, filed on 15 May 1998,

now abandoned Continuation-in-part of Ser. No. US 1998-55010, filed on 3

Apr 1998, now abandoned

DI Utility

FS GRANTED

EXNAM Primary Examiner: Spector, Lorraine

IREP Marshall, O'Toole Gerstein, Murray & Borun

CLMN Number of Claims: 14

ECL Exemplary Claim: 1

DRWN 15 Drawing Figure(s); 14 Drawing Page(s)

LN CNT 4656

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

AB The present invention provides novel nucleic acids, the novel polypeptide sequences encoded by these nucleic acids and uses thereof.

These novel polynucleotide and polypeptide sequences were determined to

be a novel Interleukin-1 Receptor Antagonist. Also provided are antibodies which bind the antagonist, methods of detecting the antagonist, and kits containing the antibodies.

I.2 ANSWER 12 OF 14 USPATEFULL

AN 1999.132765 USPATEFULL

TI Method of treatment of osteoarthritis with interleukin-1 receptor antagonist

IN Pelletier, Jean-Pierre, St-Lambert, Canada

Martel-Pelletier, Johanne, St-Lambert, Canada

PA Arthro Lab Inc., Sherbrooke, Canada (non-U.S. corporation)

PI US 5972880 19991026

AI US 1996-612433 19960307 (8)

DI Utility

FS Granted

EXNAM Primary Examiner: Mertz, Prema

IREP ROBIC

CLMN Number of Claims: 3

ECL Exemplary Claim: 1

DRWN 2 Drawing Figure(s); 2 Drawing Page(s)

LN CNT 745

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

AB A method and a composition for the preventative treatment of osteoarthritis comprising the periodic administration to a mammal

suffering of this disease of a composition comprising an amount of Human

recombinant Interleukin-1 receptor antagonist effective for reducing the